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Attorney Docket Number 790063.00029

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סיק	DECLARA	R UTILITY OR	First Named In	ventor	James C. Stebnicki					
N 0 8	PATE	DESIG NT APPI	LICATION	C	COMPLETE IF KNOWN					
	4.7	(37 CFR		Application Nur	mber					
TRADES	ARY Doclaratio	Declaration	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date						
MADES		OR		al Art Unit						
	with Initial Filing	with Initial Filing		Examiner Name	е					
1	I hereby declare the	at:								
	I believe the inventor	or(s) named be the invention		d first inventor(s) of the s	subject matter	which is claimed and for which a				
	the specification of is attached his			ne Invention)	and a second	on Number or PCT International				
	Application Number			mended on (MM/DD/YY		(if applicable)				
"	I hereby state that I amended by any ar	have reviewed nendment spe	d and understand the cor cifically referred to above	itents of the above ident	ified specifica	tion, including the claims, as				
•1	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continual in-part applications, material information which became available between the filing date of the prior application and the national PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one contains the United States of America, listed below and have also identified below, by checking the box, any foreign application, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before application on which priority is claimed.										
	Prior Foreign Ap Number(s		Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Copy Attached? YES NO				

DECLARATION — Utility or Design Patent Application **Customer Number** 26710 OR I Correspondence address below Direct all correspondence to: Daniel G. Radler Address Quarles & Brady LLP 411 East Wisconsin Avenue **Address** 53202 WI Milwaukee ZIP State USA 414-277-5749 414-978-8749 Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. ☐ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Name Family Name Stebnicki James C. or Sumame (first and middle [if any]) Inventor's Signature USA WI USA Glendale Citizenship State Country Residence: 926 Bender Road **Mailing Address Mailing Address** ZIP 53217 City Glendale **USA** WI Country State A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Wieting Given Name Dean A. (first and middle [if any) or Sumame Inventor's Signature 1 Country USA WI Milwaukee Citizenship State Residence: City 6055 North 112th Street **Mailing Address** Mailing Address USA Milwaukee Wi 53225 State Additional inventors are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if an		A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname								
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Inventor's Signature					Date					
Residence: City	State		Country		Citizenship					
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Mailing Address			710		unter					
City	State		ZIP		ountry					
Name of Additional Joint Inventor, if ar		A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname							
Inventor's Signature		.,		Date						
Residence: City	State		Country		Citizenship					
Mailing Address										
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City	State		ZIP		Country					